

Case Number:	CM13-0000858		
Date Assigned:	02/28/2014	Date of Injury:	02/16/2013
Decision Date:	04/11/2014	UR Denial Date:	06/14/2013
Priority:	Standard	Application Received:	06/27/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The claimant is presented with a date of injury of February 16, 2013. A utilization review determination dated June 14, 2013 recommends non certification of H wave unit, and modified certification of additional physical therapy. Modified certification of physical therapy was recommended since the patient has had 6 therapy sessions already and 9 visits are recommended by guidelines for the treatment of an ankle sprain. A progress report dated February 3, 2014 identifies subjective complaints of worsening ankle pain with weight bearing, a snapping, clicking, and grating sensation is present in the ankle. Physical examination findings identify tenderness on palpation to the ankle, no erythema, swelling, warmth, indurations, or deformity of the ankle is noted. Diagnoses include localized primary osteoarthritis of the ankle, and traumatic arthritis of the ankle. The note indicates that the patient continues to have pain and lateral and anterolateral instability of the right ankle but continues to work regular duty as a police officer. The physician discussed surgical intervention with the patient but is not recommending that procedure at the current time. A note dated December 16, 2013 indicates that the patient has participated in physiotherapy without significant success. A progress report dated June 5, 2013 indicates that the patient continues to have ankle pain. Physical findings identify full range of motion with tenderness to palpation of the ankles. Ankle weakness is observed. Diagnosis includes ankle sprain and tendosynovitis of the ankle. Treatment plan recommends consultation with a physical therapist and tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

PHYSICAL THERAPY X 18 VISITS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation NON-MTUS American College of Occupational and Environmental Medicine.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot Chapter, Physical Therapy.

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. The Official Disability Guidelines (ODG) has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then up to 9 therapy sessions are recommended for the medical treatment of an ankle sprain or ankle arthritis. Within the documentation available for review, there is no indication of any objective functional improvement from the therapy already provided, no documentation of specific ongoing objective treatment goals, and no statement indicating why an independent program of home exercise would be insufficient to address any remaining objective deficits. Additionally, the currently requested number of therapy sessions exceeds the maximum number recommended by guidelines. The request for 18 visits of physical therapy is not medically necessary and appropriate.

H-WAVE UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114, 117-118.

Decision rationale: Regarding the request for H-wave unit, MTUS Chronic Pain Medical Treatment Guidelines state that electrotherapy represents the therapeutic use of electricity and is another modality that can be used in the treatment of pain. MTUS Guidelines go on to state that H-wave stimulation is not recommended as an isolated intervention, but a one-month home-based trial of H-wave stimulation may be considered as a noninvasive conservative option for diabetic neuropathic pain, or chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration, and only following failure of initially recommended conservative care, including recommended physical therapy and medications plus transcutaneous electrical nerve stimulation. Within the documentation available for review, it is unclear whether the patient has failed a 30 day tens unit trial as recommended by guidelines. There is no statement indicating how frequently a tens unit was used, and what the outcome of a tens unit trial was for this specific patient. Additionally, there is no documentation that the patient has had

a successful H-wave trial with documentation of analgesic response and objective functional improvement. The request for an H-wave device is not medically necessary and appropriate.